

United States Senate

COMMITTEE ON FINANCE
WASHINGTON, DC 20510-6200

April 21, 2010

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OFFICE OF MEDICAID
DIRECTOR'S OFFICE

Via Electronic Transmission

Terry Dougherty
Director
Massachusetts Office of Medicaid
State of Massachusetts
One Ashburton Place
Boston, MA 02108

Dear Director Dougherty:

In the United States, the federal and state governments spend roughly \$317 billion every year on the Medicaid program. As Ranking Member of the Senate Committee on Finance, I have an obligation to ensure that taxpayer dollars are appropriately spent on federal health care programs. Like the Medicare program, Medicaid suffers from systemic weaknesses that lead to fraud, waste, and abuse across the program, resulting in higher costs and less health care to those who are in need. The overutilization of prescription drugs, whether through drug abuse or outright fraud, plays a significant role in the rising cost of our healthcare system. The purpose of this letter is to request information regarding certain outliers in Massachusetts' Medicaid program and what steps Massachusetts takes to monitor rates of utilization.

In recent inquiries, I have asked the U.S. Department of Health and Human Services about physicians prescribing mental health drugs at astonishingly high rates. In addition to these concerns, a recent CNN report detailed the increasing abuse of OxyContin, Roxicodone, and Xanax. Specifically, the report described the role some pain management clinics and physicians play in the black market for these drugs. I write today to better ascertain how high rates of both mental health and pain medication utilization are affecting the Medicaid program, as well as how Massachusetts' rates compare to the national rates.

To that end, please provide charts that list of the top ten Medicaid prescribers of the following drugs for the years 2008 and 2009. For each prescriber, please provide his/her prescriber identifier, and the number of prescriptions written per drug per year, and the total amount billed to Medicaid per drug, separated for each year.

- Abilify;
- Geodon;
- Seroquel;
- Zyprexa;

- Risperdal;
- OxyContin;
- Roxicodone; and
- Xanax.

I thank you in advance for your cooperation and request that you provide the requested documents and written responses by no later than May 5, 2010. In your reply, please format information into a chart like the examples provided below. All formal correspondence should be sent electronically in PDF format to Brian_Downey@finance-rep.senate.gov or via facsimile to (202) 228-2131. Of course should you wish to discuss this matter further, please do not hesitate to contact Christopher Armstrong of my Committee staff at (202) 224-4515.

Sincerely,

A handwritten signature in black ink that reads "Chuck Grassley". The signature is written in a cursive, slightly slanted style.

Charles E. Grassley
Ranking Member

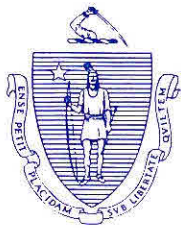
Attachment

Drug X, 2008

Prescriber Identifier	Total prescriptions	Total billed to Medicaid
123456789	25,000	250,000
234567891	24,000	240,000
345678912	23,000	230,000
456789123	22,000	220,000
567891234	21,000	210,000
678912345	20,000	200,000
789123456	19,000	190,000
891234567	18,000	180,000
912345678	17,000	170,000
012345678	16,000	160,000

Drug X, 2009

Prescriber Identifier	Total prescriptions	Total billed to Medicaid
123456789	25,000	250,000
234567891	24,000	240,000
345678912	23,000	230,000
456789123	22,000	220,000
567891234	21,000	210,000
678912345	20,000	200,000
789123456	19,000	190,000
891234567	18,000	180,000
912345678	17,000	170,000
012345678	16,000	160,000



DEVAL L. PATRICK
Governor

TIMOTHY P. MURRAY
Lieutenant Governor

*The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
One Ashburton Place
Boston, MA 02108*



JUDYANN BIGBY, M.D.
Secretary

TERENCE G. DOUGHERTY
Medicaid Director

May 7, 2010

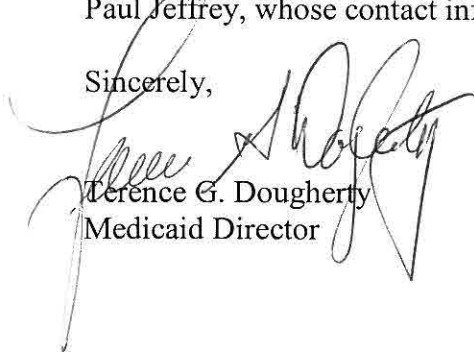
The Honorable Charles E. Grassley
Ranking Member
United States Senate
Committee on Finance
Washington, DC 20510-6200

Dear Senator Grassley:

Please find attached the information you requested on the top 10 prescribers by prescription counts for the following drugs in calendar years 2008 and 2009: Abilify, Geodon, OxyContin, Risperdal, Roxicodone, Seroquel, Xanax, and Zyprexa. We have also listed the top 10 prescribers by prescription count of the generic versions of Xanax - alprazolam; Risperdal - risperidone; and OxyContin - oxycodone.

Should you have any questions concerning this report, please contact our Pharmacy Director, Paul Jeffrey, whose contact information is listed at the end of the report.

Sincerely,


Terence G. Dougherty
Medicaid Director

Summary Data: Brands

Abilify, 2009		
NPI	Rx Count	Amount Paid
1679680771	793	\$324,714
1437178993	781	\$301,009
1497774418	645	\$247,689
1700928231	614	\$238,915
1619900198	537	\$190,076
1790739365	503	\$185,869
1558335786	482	\$206,464
1740252741	462	\$172,954
1154395556	458	\$163,273
1619922234	448	\$185,677

Abilify, 2008		
NPI	Rx Count	Amount Paid
1679680771	655	\$250,724
1700928231	619	\$214,777
1437178993	610	\$225,491
1619900198	550	\$179,032
1760490437	495	\$175,367
1740252741	471	\$180,216
1558335786	453	\$164,446
1790739365	403	\$151,145
1164441622	393	\$156,477
1497774418	387	\$137,092

Oxycontin, 2009		
NPI	Rx Count	Amount Paid
1093715906	140	\$46,718
1215927504	132	\$18,424
1043240476	121	\$48,636
1457424392	109	\$30,743
1972535409	104	\$30,627
1770583668	90	\$22,591
1912993478	88	\$60,923
1487674263	83	\$26,490
1215927389	79	\$30,939
1568488450	79	\$20,634

Oxycontin, 2008		
NPI	Rx count	Amount Paid
1568488450	216	\$44,344
1215927389	119	\$32,002
1487674263	97	\$26,763
1225029275	97	\$10,905
1518950922	91	\$55,960
1912993478	86	\$36,402
1043240476	83	\$34,209
1689761959	80	\$20,246
1124125547	70	\$1,354
1881799427	70	\$1,354

Risperdal, 2009		
NPI	Rx Count	Amount Paid
1316068562	200	\$63,427
1891834388	180	\$103,639
1982632006	148	\$93,520
1174603237	140	\$67,353
1932232006	138	\$35,961
1528082799	130	\$89,271
1881747608	125	\$64,703
1982614277	119	\$36,518
1023175684	109	\$75,197
1700925823	99	\$62,423

Risperdal, 2008		
NPI	Rx Count	Amount Paid
1326092040	729	\$117,742
1104899897	523	\$64,808
1982614277	394	\$84,541
1437178993	392	\$76,838
1487754974	364	\$63,714
1013998483	345	\$59,018
1891834388	338	\$127,237
1558335786	314	\$65,681
1346201332	308	\$116,935
1528082799	298	\$114,530

Roxicodone, 2009		
NPI	Rx Count	Amount Paid
1386627057	22	\$335
1609882612	10	\$224
1457435638	9	\$96
1235117961	8	\$197
1306945092	8	\$91
1184601635	8	\$93
1356318018	7	\$59
1427260033	7	\$687
1619062965	6	\$59
1184717175	6	\$33

Roxicodone, 2008		
NPI	Rx Count	Amount Paid
1437366101	29	\$715
1598792004	11	\$914
1437366101	9	\$250
1265549398	7	\$109
1619000114	7	\$0
1427260033	7	\$550
1508813759	5	\$11
1619062965	5	\$60
1770583668	5	\$65
1205925450	5	\$1,364

Seroquel, 2009		
NPI	Rx Count	Amount Paid
1942224621	2423	\$371,656
1740493246	1407	\$520,303
1609980135	1345	\$208,779
1740252741	1304	\$322,663
1487754974	1250	\$230,114
1437178993	1247	\$369,503
1164441622	1044	\$308,831
1326069188	855	\$232,191
1033193032	793	\$219,679
1619900198	791	\$162,786

Seroquel, 2008		
NPI	Rx Count	Amount Paid
1942224621	2697	\$387,245
1740493246	1456	\$513,322
1609980135	1455	\$215,586
1821150129	1217	\$150,948
1821175860	1169	\$253,071
1487754974	1084	\$189,890
1740252741	1002	\$250,002
1700864485	1001	\$253,509
1437178993	935	\$286,135
1881631844	875	\$143,500

Xanax, 2009		
NPI	Rx Count	Amount Paid
1720195944	26	\$4,551
1508880550	25	\$4,481
1356551071	19	\$141
1487754974	13	\$3,476
1083794713	13	\$4,693
1285668947	12	\$2,172
1003871369	12	\$2,202
1083612345	12	\$14,825
1518913383	11	\$2,647
1689662504	11	\$1,992

Xanax, 2008		
NPI	Rx Count	Amount Paid
1720195944	26	\$4,235
1508880550	16	\$1,752
1710962154	14	\$3,972
1285668947	13	\$2,550
1518913383	13	\$2,795
1083612345	13	\$15,240
1487754974	12	\$3,112
1730160409	12	\$1,384
1003871369	11	\$2,118
1114999646	11	\$754

Zyprexa, 2009		
NPI	Rx Count	Amount Paid
1326092040	432	\$162,159
1013998483	363	\$76,665
1104899897	358	\$79,859
1023040920	287	\$40,973
1639194947	271	\$102,216
1457359903	271	\$94,806
1891834388	270	\$38,257
1982614277	260	\$73,485
1699732800	252	\$107,407
1447312814	249	\$16,956

Zyprexa, 2008		
NPI	Rx Count	Amount Paid
1326092040	534	\$180,605
1104899897	379	\$87,425
1023040920	335	\$43,844
1013998483	305	\$78,328
1457359903	302	\$89,020
1225002603	270	\$60,664
1982614277	257	\$65,588
1639194947	253	\$105,077
1629047774	239	\$79,054
1134284656	237	\$114,507

Summary Data: Generics

alprazolam, 2009		
NPI	Rx Count	Amount Paid
1609980135	3,106	\$11,050
1972686335	2,131	\$22,187
1316948367	1,854	\$10,340
1033193032	1,733	\$9,131
1831121342	1,342	\$11,843
1619976701	797	\$11,392
1982632006	790	\$6,193
1104880194	789	\$3,810
1285606525	787	\$7,177
1316032774	738	\$3,494

alprazolam, 2008		
NPI	Rx Count	Amount Paid
1609980135	2,840	\$13,645
1972686335	1,978	\$21,206
1316948367	1,546	\$10,704
1033193032	1,532	\$9,900
1831121342	1,388	\$14,002
1316032774	873	\$4,513
1588731731	868	\$11,282
1659475002	793	\$3,294
1619976701	775	\$11,298
1104880194	665	\$3,934

oxycodone, 2009		
NPI	Rx Count	Amount Paid
1376538710	1,066	\$16,383
1427260033	959	\$86,769
1104880194	568	\$13,298
1093715906	469	\$24,189
1215927504	420	\$11,353
1619062965	389	\$15,906
1487674263	389	\$28,481
1770583668	381	\$17,254
1891807194	344	\$16,373
1427260033	316	\$43,758

oxycodone, 2008		
NPI/DEA	Rx Count	Amount Paid
1376538710	1239	\$14,859
BB5204071	1183	\$28,160
AH1918018	1016	\$13,891
AB7065065	885	\$26,808
1427260033	674	\$53,258
1023049236	607	\$15,220
AT9729433	607	\$15,220
AB7065065	397	\$3,384
1487655064	397	\$3,384
1487674263	396	\$29,840

risperidone, 2009		
NPI	Rx Count	Amount Paid
1104899897	1,059	\$33,982
1326092040	844	\$29,090
1013998483	763	\$29,269
1558335786	661	\$38,589
1720165442	627	\$46,287
1487754974	597	\$21,394
1700928231	584	\$43,326
1659339224	516	\$34,417
1437178993	509	\$28,424
1982632006	500	\$47,590

risperidone, 2008		
NPI	Rx Count	Amount Paid
1104899897	375	\$42,927
1326092040	371	\$58,823
1720165442	282	\$43,984
1487754974	268	\$37,827
1013998483	268	\$44,471
1437178993	254	\$40,233
1447312814	247	\$21,260
1558335786	242	\$36,960
1679644751	240	\$21,930
1700928231	201	\$29,400

Questions concerning this report may be directed to:

Paul L. Jeffrey, Pharm.D.
Deputy Director, Office of Clinical Affairs, Commonwealth Medicine
Director of Pharmacy, MassHealth
600 Washington Street, Room 5157
Boston MA 02111
617-210-5319 Phone
617-210-5865 Fax

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United States Senate

COMMITTEE ON THE JUDICIARY

WASHINGTON, DC 20510-6275

BRUCE A. COHEN, *Chief Counsel and Staff Director*
KOLAN L. DAVIS, *Republican Chief Counsel and Staff Director*

January 23, 2012

VIA ELECTRONIC TRANSMISSION

Dr. Julian J. Harris, M.D.
Medicaid Director
One Ashburton Place
Boston, MA 02108

Dear Director Harris,

On May 7, 2010, your office provided my staff with data regarding the top ten prescribers of several pain management and mental health drugs in your state. These types of drugs have addictive properties, and the potential for fraud and abuse by prescribers and patients is extremely high. Mental health drugs continue to be prescribed at astounding rates and pain management clinics are turning into a hotbed for black market painkillers. When these drugs are prescribed to Medicaid patients, it is the American people who pay the price for over-prescription, abuse, and fraud.

After an extensive review of prescribing habits of the serial prescribers of pain and mental health drugs in your state, I have concerns about the oversight and enforcement of Medicaid abuse in your state. While I am sensitive to concerns about the potential for misinterpretation of the data you provided, the numbers themselves are quite shocking.

For example, the top prescriber of Oxycodone wrote more than triple the number of prescriptions in 2009 than many of the other prescribers on the top ten list. This outlier is consistent with several of the antipsychotic drugs—with the top prescribers writing double or triple the number of prescriptions as the other prescribers on the list.

It is my intention to ensure that each of the states is adequately monitoring, investigating, and stopping fraud and over-prescription of these types of drugs. Therefore, please provide answers to the following questions:

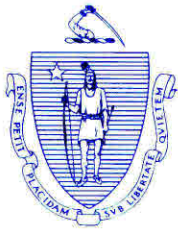
1. What action, if any, has your agency taken with respect to the prescribers identified to the Committee?
2. If there has been no action taken with respect to these prescribers, please explain why not.
3. Please identify which of the providers identified to the Committee remain eligible to bill the Medicaid Program.
4. Please provide the 2010 and 2011 numbers for the top prescribers of these same drugs.
5. Has each of these prescribers been cross-checked for complaints or misconduct with the state medical board or the National Practitioner Data Bank? If not, do you plan to do so?
6. Have any of the prescribers identified to this Committee been referred to your state medical board?
7. Is there any system set up in your state to identify and monitor excessive prescription writing? If not, why not?
8. Have you received any training or guidance from the Centers for Medicare and Medicaid Studies to help identify potential issues with prescription drugs?
9. Does your state maintain a database of all prescribed controlled-substances? If so, what entities have access to it?
10. Does your state have any point-of-sale restrictions related to maximum units, prior authorization, therapeutic duplication, or early refill? If not, why not?
11. Were any of these top ten prescribers identified in the federal-mandated Drug Utilization Review or CMS-base retrospective reviews?
12. Does your state have any programs in place to educate providers about the prescription of antipsychotics to children and adolescents?

Thank you in advance for your cooperation and attention in this matter. When responding to this letter, please number your answers in accordance with my questions. I would appreciate a response by February 13, 2012. If you have any questions, please do not hesitate to contact Erika Smith of my staff at (202) 224-5225

Sincerely,



Charles E. Grassley
Ranking Member
Committee on the Judiciary



DEVAL L. PATRICK
Governor

TIMOTHY P. MURRAY
Lieutenant Governor

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
One Ashburton Place
Boston, MA 02108

MassHealth

JUDYANN BIGBY, M.D.
Secretary

JULIAN J. HARRIS, M.D.
Medicaid Director

April 3, 2012

The Honorable Charles E. Grassley, Iowa
Ranking Member
Committee on the Judiciary
United States Senate
Washington, DC 20810-6275

Dear Senator Grassley:

Program integrity is a top priority for me and the dedicated staff that work at MassHealth to deliver affordable healthcare to the neediest among us. We are happy to contribute to the research activities of your committee and assure you in so doing that identification of top prescribers for psychotropic and opioid-containing medications are a long standing activity that has yielded results within our Program.

1. What action, if any, has your agency taken with respect to the prescribers identified to the Committee?

From the list of prescribers identified by the Committee in 2010, only one prescriber was identified as practicing in an aberrant manner and was removed from our Program and further identified to the Massachusetts Board of Registration in Medicine. As a result, this physician has lost his license and all prescribing privileges. This action occurred independent of your earlier request for data on prescribers.

All of the other identified prescribers and their prescribing practices have been subjected to our ongoing series of program integrity measures that include sorting, ranking and cross-checking all prescribers within the MassHealth Program. In addition to the one prescriber mentioned above, an additional 30 prescribers, not on any of these lists have been identified as exhibiting aberrant prescribing practices and have been locked out of having any ability to prescribe to our members and moreover, all have been referred to appropriate authorities.

These review procedures will be explained in further detail throughout the questions that follow, and below:

- Top prescribers of psychotropic medications and controlled substances are continually being reviewed and problems are routinely referred to appropriate groups such as:

- MassHealth Provider Review Committee
- MassHealth Provider Compliance Office
- Attorney General's Office

If negative actions are taken against any prescribers they are no longer eligible to write prescriptions for MassHealth members.

- MassHealth Pharmacy staff review a list of prescribers on a weekly basis to determine if there has been a sharp increase in the number of controlled substance claims they write.
- MassHealth Pharmacy staff work with the MassHealth Operations Integrity Unit who maintains the MassHealth Fraud Line, an 800# that takes calls concerning suspected member or provider fraud. Any calls received there involving controlled substances are investigated by appropriate staff and referred for enforcement actions as appropriate.
- MassHealth Pharmacy staff have access to the State Prescription Monitoring Database (see Question 9) which is used as an investigative tool.
- MassHealth publishes the MassHealth Drug List (MHDL) which includes lists and tables that explain coverage parameters for all drugs, including controlled substances and psychotropic medications. These parameters include prior authorization (PA) requirements and criteria and quantity limits:
 - <https://masshealthdruglist.ehs.state.ma.us/MHDL/pubtheradetail.do?id=8>
 - <https://masshealthdruglist.ehs.state.ma.us/MHDL/pubtheradetail.do?id=24>

2. If there has been no action taken with respect to these prescribers, please explain why not.

Please see Answer 1. After careful review, the other prescribers did not meet the threshold for punitive action.

3. Please identify which of the providers identified to the Committee remain eligible to bill the Medicaid Program.

All but one prescriber remains eligible to prescribe to our members.

4. Please provide the 2010 and 2011 numbers for the top prescribers of these same drugs.

The report is attached.

5. **Has each of these prescribers been cross-checked for complaints or misconduct with the state medical board or the National Practitioner Data Bank? If not, do you plan to do so?**

Yes - MassHealth monitors disciplinary actions by the state Board of Registration in Medicine and takes appropriate actions. We also monitor the Office of the Inspector General (OIG) Exclusion List.

6. **Have any of the prescribers identified to this Committee been referred to your state medical board?**

Yes.

7. **Is there any system set up in your state to identify and monitor excessive prescription writing? If not, why not?**

Yes The MassHealth Pharmacy Program produces a monthly Pharmacy Report book that contains well over 200 standard reports which are reviewed by the Pharmacy Director, Deputy Pharmacy Director, Deputy Medical Director, Director for Drug Utilization Review, and the Director for Audits. Pertinent among these reports are a "top of the top" section that reviews top prescribers, MassHealth members, and pharmacies based on various analytic criteria. For example, one of the reports provides not only the top prescribers of controlled substances but also notes the percentage of controlled substance prescribing compared to all prescribing by that prescriber. A similar monthly report sorts members by controlled substances costs with the additional variable of the percentage of that MassHealth member's controlled substance use compared to all prescription use. These MassHealth members are then analyzed regarding their diagnoses and an assortment of demographic measures to determine if further action is warranted.

In addition, and on a larger scale, the Massachusetts Department of Public Health maintains a Prescription Monitoring Program (PMP) designed to assist individual physicians and public health officials with the growing problem of prescription drug misuse. A full description of this program can be found at:

<http://www.mass.gov/eohhs/provider/licensing/compliance/drug-control/prescription-monitoring-program.html>

8. **Have you received any training or guidance from the Centers for Medicare and Medicaid Studies to help identify potential issues with prescription drugs?**

Yes, several members of the Pharmacy Staff attend trainings at the CMS- Medicaid Integrity Institute on the campus of the University of South Carolina. In addition, two of our staff are on the faculty for the Medicaid Integrity Institute and teach on subjects related to the identification of Medicaid fraud, waste and abuse. One of our staff was appointed by the Governor to a Special Commission within the state with respect to

OxyContin and other prescription drugs of abuse. This Commission has published recommendations regarding Department of Public Health regulations along with the state's regulatory Boards of Medicine, Nursing and Pharmacy. These recommendations included a strong emphasis on training within the prescribing community. Most of the Commission's recommendations have been enacted into policy and regulation. A link to the report is below:

http://www.maclearringhouse.com/PDFs/SubstanceAbuse/MA_oxycontin_otherdrug_report.pdf

9. Does your state maintain a database of all prescribed controlled-substances? If so, what entities have access to it?

Yes, the Massachusetts Department of Public Health maintains a Prescription Monitoring Program (PMP). The website is provided in Answer 7.

Access to the PMP is granted to the Pharmacy Program Team, the Drug Utilization Review Team, the Office of Clinical Affairs Analytics Team and the state's Office of the Attorney General, Medicaid Fraud Division. All of these teams create and/or review reports and create referrals to appropriate state and federal agencies when aberrant utilization is identified by prescribers, pharmacy providers, Medicaid members, or drug manufacturers.

10. Does your state have any point-of sale restrictions related to maximum units, prior authorization, therapeutic duplication, or early refill? If not, why not?

The MassHealth Pharmacy On-line Processing System (POPS) has robust claims editing capabilities. Claims that involve ingredient and therapeutic duplication are being appropriately set to deny. The system also provides alerts to pharmacists to address concerns or take further actions. In some instances pharmacists are allowed to override the claim denial based on their professional judgment; at other times the pharmacist must call the Drug Use Review (DUR) call center to request an override, or other resolution.

Claims are being denied appropriately for early refills. Subsequent prescriptions for Schedule C II medications cannot be filled until 85% of the previous quantity is consumed. The early refill edit cannot be overridden by the pharmacist at the point-of-sale without authorization from the DUR call center.

The MassHealth Pharmacy Program employs all of the restrictions listed in your question at the point-of sale, along with several not mentioned. One feature of our system is called "Smart PA", whereby diagnoses and other information found in medical billing databases can be used at the point-of-sale to create informed prior approval decisions. In addition, our system employs that same technology to match databases for the 'federal prescriber exclusion list' as well as "in-house" exclusion lists created within the Pharmacy and Physician Programs. These "in-house" lists contain a register

of providers sanctioned by the MassHealth Provider Review Committee and may include prescribers who are involved in so-called prescription mills and billing schemes.

11. Were any of these top ten prescribers identified in the federal-mandated Drug Utilization Review or CYM-base retrospective reviews?

No

12. Does your state have any programs in place to educate providers about the prescription of antipsychotics to children and adolescents?

Yes.

In 2002, MassHealth and the Department of Mental Health established the Massachusetts Child Psychiatry Access Project (MCPAP) <http://www.mcpap.com/>, a first-in-the-nation program designed to provide access to child psychiatrists for primary care providers. This project, developed by the Centers for Medicare and Medicaid Services, MassHealth, and University of Massachusetts Medical School was established, in large part, because of the growing concerns about the use of psychotropic medications in children. MCPAP provides approximately 20,000 consultations per year.

In 2007 MassHealth and DMH, with representation from the Department of Children and Families (DCF) and other agencies, formed a multi-agency, multidisciplinary standing committee, the Psychoactive Medications in Children Working Group, to evaluate and recommend strategies for psychoactive medication management in children served by MassHealth. To date this group has developed consensus on methodology for tracking such drug use, has required an internal review of all cases of psychotropic drug use in children under the age of 6, including those children in foster care. The reviews are conducted by qualified mental health professionals who make a determination about whether the management of the case is clinically appropriate. If the reviewers identify concerns, the team contacts the treating physician to discuss the case and modify treatment if necessary. The Working Group currently is piloting an effort to expand these reviews to children over the age of 6. Because of the higher volume of psychotropic drug utilization in children over age 6, alternatives to individual case reviews are being tested. One such alternative is specific educational activities targeted to high volume prescribers of psychotropic medications.

In 2006, the MassHealth Drug Use Review Program added a clinical pharmacist to provide consultation and education on medication therapy management to children and adolescents in special populations, including foster children.

The above efforts all have had demonstrable impacts and improvements in the management of psychotropic drug therapy in foster children and others. The Psychoactive Medications in Children Working Group made the following observations when comparing utilization reports from the second quarter of 2010 to the 2nd quarter of

2009: polypharmacy was reduced in all age groups, most dramatically, by 70% in 0 to 5 year olds; the overall volume of atypical antipsychotic prescriptions in children 0-18 years old also was reduced by 5.5%.

This month, MassHealth, DCF, DMH, the Office of the Child Advocate, and others jointly submitted an application to the Center for Health Care Strategies (CHCS). CHCS will engage five states to create a quality improvement collaborative to improve the practice of psychotropic medication prescribing and management for children and youth in foster care.

In conclusion, I wish to reiterate that MassHealth considers the over prescription of controlled substances and psychotropic medications to be a high priority concern. As enumerated above, MassHealth has embraced numerous strategies and engaged in many activities intended to protect MassHealth members and ensure public trust in our oversight of medication use practices in these domains.

We welcome your questions and offer our continued support of your investigation into these topics. Thank you for your consideration.

Sincerely,



Julian J. Harris, M.D., M.B.A., M.Sc.
Medicaid Director

cc: Paul L. Jeffrey, PharmD, MassHealth Pharmacy Director

Attachment

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Project:

The following report is the result of a follow up request for information from the Honorable Charles Grassley (R-IA), ranking member of the Senate Committee on the Judiciary. Senator Grassley sent a letter to the Dr. Julian J Harris MD, Medicaid Director for the Commonwealth of Massachusetts. The request from Senator Grassley was for Medicaid prescription information related to a previous request in 2010 for the Top 10 prescribers by prescription counts for the following drugs:

Abilify, Geodon, OxyContin, Risperdal, Roxicodone, Seroquel, Xanax, and Zyprexa. The project was expanded to include the generics for Xanax- Alprazolam, Risperdal- Risperidone, and OxyContin- Oxycodone. The original request was for data from CYs 2008 and 2009. This request is for data from CYs 2010 and 2011.

Methodology:

The data for this project was extracted from the MassHealth Pharmacy On-line Processing System for Fee-for-Service/Primary Clinician Care Plans claims. The data was extracted by NDC, Prescriber Alternate ID (NPI), Drug Name, Total Prescription Count, and the Total Amount Paid. The data was aggregated by Drug Name for all drug strengths and dosage forms with summary totals for each prescriber. The data was sorted in descending order by prescription count. The Top 10 Prescribers by Prescription count were identified and are reported below:

Summary Data:

Abilify 2011		
NPI	Rx Count	Amount Paid
1437178993	676	\$316,616.77
1881631844	626	\$227,087.84
1760490437	525	\$254,884.91
1679680771	521	\$228,094.62
1538263991	492	\$196,201.26
1740493246	412	\$163,390.89
1619900198	369	\$141,608.59
1568620979	355	\$133,302.27
1144425422	350	\$126,156.56
1558393330	348	\$152,062.84

Abilify 2010		
NPI	Rx Count	Amount Paid
1437178993	756	\$332,701.45
1497774418	491	\$208,717.63
1679680771	487	\$206,481.04
1881631844	447	\$149,024.34
1700928231	394	\$163,478.46
1619900198	386	\$128,917.58
1558335786	382	\$175,373.25
1760490437	381	\$168,868.95
1154395556	343	\$116,704.07
1790739365	333	\$106,336.00

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Summary Data:

Geodon 2011		
NPI	Rx Count	Amount Paid
1760490437	444	\$158,180.60
1548278898	252	\$91,236.09
1437178993	244	\$84,904.35
1164441622	201	\$88,199.05
1316948367	193	\$60,903.83
1679680771	171	\$46,033.98
1740493246	159	\$47,861.02
1417999434	145	\$17,310.35
1700864485	141	\$31,286.99
1962485748	139	\$24,666.28

Geodon 2010		
NPI	Rx Count	Amount Paid
1760490437	417	\$119,840.69
1437178993	269	\$72,731.11
1548278898	226	\$65,829.31
1568620979	175	\$35,784.59
1326069188	171	\$34,970.56
1164441622	170	\$75,040.63
1417999434	158	\$16,563.18
1962485748	150	\$31,792.48
1316948367	148	\$36,593.00
1033193032	147	\$55,740.16

Oxycontin 2011		
NPI	Rx Count	Amount Paid
1386609907	168	\$49,359.27
1518950922	133	\$39,119.66
1639362627	89	\$41,454.26
1306898788	77	\$18,736.67
1396713848	74	\$92,261.37
1912993478	72	\$32,631.90
1558698431	71	\$20,377.64
1093715906	65	\$7,760.49
1750341947	61	\$32,734.18
1689761959	60	\$16,373.95

Oxycontin 2010		
NPI	Rx Count	Amount Paid
1518950922	135	\$31,085.30
1093715906	107	\$19,299.58
1457424392	90	\$18,483.75
1043240476	79	\$32,751.92
1396713848	70	\$60,530.62
1598801573	62	\$8,564.33
1912904988	62	\$8,482.16
1639362627	60	\$23,240.83
1689761959	60	\$16,290.39
1770583668	59	\$8,148.90

Oxycodone 2011		
NPI	Rx Count	Amount Paid
1386609907	1,315	\$43,638.29
1841350386	1,248	\$14,934.35
1376538710	1,229	\$9,336.92
1851376446	1,135	\$18,080.53
1992897797	914	\$11,701.98
1265467369	802	\$9,071.06
1144285859	770	\$31,889.18
1285657924	742	\$7,917.40
1891807194	654	\$22,980.73
1760589816	652	\$19,513.22

Oxycodone 2010		
NPI	Rx Count	Amount Paid
1376538710	1,349	\$13,957.52
1104880194	1,256	\$12,866.72
1427079102	1,212	\$12,950.04
1285657924	980	\$14,766.09
1851376446	914	\$17,737.80
1144285859	890	\$45,102.00
1841350386	831	\$11,038.94
1154390052	811	\$41,464.76
1891807194	798	\$38,432.35
1962632513	792	\$12,177.98

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Summary Data:

Risperdal 2011		
NPI	Rx Count	Amount Paid
1518122266	270	\$116,157.79
1588635163	246	\$144,442.78
1881747608	209	\$107,421.54
1982614277	209	\$88,420.94
1932232006	155	\$39,821.82
1316068562	147	\$34,236.41
1881820355	142	\$69,319.23
1174603237	113	\$42,581.22
1982632006	103	\$85,790.57
1699732800	101	\$37,013.77

Risperdal 2010		
NPI	Rx Count	Amount Paid
1932232006	186	\$50,472.34
1588635163	182	\$107,270.56
1982614277	174	\$60,464.31
1518122266	172	\$83,628.37
1881747608	164	\$87,069.01
1316068562	134	\$15,215.47
1881820355	130	\$48,587.48
1699732800	115	\$37,169.23
1982632006	111	\$78,767.84
1174603237	106	\$42,896.33

Risperidone 2011		
NPI	Rx Count	Amount Paid
1104899897	1,261	\$11,467.28
1013998483	1,172	\$12,284.68
1447312814	829	\$4,113.66
1295854149	683	\$5,058.78
1487754974	604	\$7,461.50
1437178993	538	\$8,940.08
1023040920	535	\$4,524.63
1952314320	522	\$9,733.58
1881747608	478	\$5,394.58
1558335786	466	\$9,992.20

Risperidone 2010		
NPI	Rx Count	Amount Paid
1104899897	1,152	\$18,943.12
1013998483	1,009	\$15,309.37
1447312814	576	\$7,191.39
1487754974	573	\$10,247.42
1952314320	527	\$14,689.85
1023040920	524	\$5,839.45
1720165442	491	\$13,467.80
1295854149	483	\$8,428.20
1437178993	440	\$12,317.69
1881747608	416	\$7,818.95

Roxicodone 2011		
NPI	Rx Count	Amount Paid
1053368787	13	\$122.40
1437117348	12	\$80.20
1275688442	11	\$84.26
1831151455	10	\$70.94
1003898578	10	\$60.60
1992000780	8	\$67.89
1306827134	8	\$62.38
1770527715	7	\$78.80
1154304913	7	\$73.89
1912980681	7	\$68.09

Roxicodone 2010		
NPI	Rx Count	Amount Paid
1780732479	8	\$76.61
1386627057	7	\$84.06
1003898578	7	\$61.52
1598792004	6	\$25.80
1356318018	4	\$33.84
1811961477	4	\$30.32
1861418659	4	\$21.15
1770500720	3	\$221.40
1245346162	3	\$217.49
1386823581	3	\$33.99

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Summary Data:

Seroquel 2011		
NPI	Rx Count	Amount Paid
1942224621	1,306	\$188,076.17
1740493246	1,060	\$304,187.31
1437178993	1,014	\$370,122.70
1487754974	963	\$213,080.42
1164441622	884	\$325,270.66
1457359903	779	\$132,785.70
1568620979	770	\$177,340.83
1720004476	720	\$214,819.40
1821175860	703	\$165,102.28
1881631844	667	\$132,824.59

Seroquel 2010		
NPI	Rx Count	Amount Paid
1942224621	1,240	\$154,640.53
1437178993	1,131	\$367,608.39
1740493246	1,002	\$345,252.41
1164441622	993	\$320,260.39
1720004476	946	\$275,265.02
1487754974	846	\$164,551.40
1821175860	791	\$183,585.49
1457359903	788	\$102,931.35
1740252741	704	\$186,130.65
1326069188	688	\$191,874.78

Xanax 2011		
NPI	Rx Count	Amount Paid
1285668947	14	\$2,782.87
1790767838	12	\$3,529.97
1811168917	12	\$2,419.41
1437150505	12	\$2,264.34
1699733659	12	\$1,433.03
1457324709	11	\$2,472.66
1114999646	11	\$1,224.98
1083612345	10	\$13,429.45
1164614509	10	\$1,963.80
1124076120	10	\$1,896.18

Xanax 2010		
NPI	Rx Count	Amount Paid
1437150505	13	\$2,462.55
1194801423	13	\$2,407.99
1285668947	12	\$2,295.20
1457324709	11	\$2,414.28
1114999646	11	\$1,204.73
1790767838	10	\$2,892.10
1720195944	10	\$1,772.44
1699733659	10	\$687.98
1083612345	9	\$11,621.09
1295794204	9	\$2,936.43

Alprazolam 2011		
NPI	Rx Count	Amount Paid
1609980135	2,357	\$7,299.57
1972686335	1,989	\$19,737.09
1033193032	1,452	\$7,147.60
1316948367	1,249	\$5,745.93
1831121342	1,007	\$8,464.46
1881631844	1,006	\$2,982.76
1144425422	924	\$2,359.48
1285606525	671	\$5,974.90
1720004476	648	\$3,862.62
1316032774	632	\$2,670.36

Alprazolam 2010		
NPI	Rx Count	Amount Paid
1972686335	1,868	\$18,496.61
1033193032	1,733	\$8,553.35
1609980135	1,447	\$4,588.25
1316948367	1,168	\$5,821.51
1831121342	1,075	\$9,202.07
1619976701	785	\$11,384.83
1285606525	771	\$6,602.63
1720004476	696	\$4,258.82
1285719104	646	\$5,124.76
1144425422	622	\$2,068.66

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Summary Data:

Zyprexa 2011		
NPI	Rx Count	Amount Paid
1104899897	366	\$86,847.03
1013998483	324	\$83,788.32
1982614277	324	\$66,932.79
1881747608	280	\$126,919.76
1023040920	266	\$20,669.22
1881631844	262	\$80,212.93
1881820355	262	\$59,266.27
1639194947	254	\$114,223.80
1588635163	253	\$118,953.62
1447312814	233	\$42,917.08

Zyprexa 2010		
NPI	Rx Count	Amount Paid
1104899897	394	\$94,425.28
1013998483	357	\$82,800.43
1639194947	313	\$125,978.38
1881747608	275	\$138,078.62
1982614277	274	\$67,221.86
1588635163	263	\$125,383.01
1699732800	261	\$105,355.81
1023040920	258	\$36,519.62
1790739365	255	\$98,210.93
1982632006	243	\$142,078.29